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08 APR 17 AM 10:38
RICHARD W. WIEKING
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

E-filing

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

CW

PAUL ERAS STELLY, SR.
Plaintiff,

CV 08 - 1997
CASE NO.

vs.
ELAINE TOOTELL M.D., LARRY DIZMAN M.D.,
E. MONTHEI PH.D, AND TIMOTHY ROUGEUX
Defendant.

PRISONER'S
APPLICATION TO PROCEED
IN FORMA PAUPERIS

(PR)

I, PAUL ERAS STELLY, SR., declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes ☒ No ☐

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: APPROX. 19¢ PER HOUR Net: APPROX. \$30.00 PER MONTH.

Employer: SAN QUENTIN INMATE WORK ASSIGNMENT - LIBRARY CIRCULATION
CLERK - POSITION # LIB 961.005.

1 If the answer is "no," state the date of last employment and the amount of the gross and net
 2 salary and wages per month which you received. (If you are imprisoned, specify the last
 3 place of employment prior to imprisonment.)

4 _____
 5 _____
 6 _____

7 2. Have you received, within the past twelve (12) months, any money from any of the
 8 following sources:

9 a. Business, Profession or Yes ___ No ☒

10 self employment

11 b. Income from stocks, bonds, Yes ___ No ☒

12 or royalties?

13 c. Rent payments? Yes ___ No ☒

14 d. Pensions, annuities, or Yes ___ No ☒

15 life insurance payments?

16 e. Federal or State welfare payments, Yes ___ No ☒

17 Social Security or other govern-

18 ment source?

19 If the answer is "yes" to any of the above, describe each source of money and state the amount
 20 received from each.

21 _____
 22 _____

23 3. Are you married? Yes ☒ No ___

24 Spouse's Full Name: FELISSA R. STELLY

25 Spouse's Place of Employment: UNKNOWN

26 Spouse's Monthly Salary, Wages or Income:

27 Gross \$ UNKNOWN Net \$ UNKNOWN

28 4. a. List amount you contribute to your spouse's support: \$ 0

b. List the persons other than your spouse who are dependent upon you for support and indicate how much you contribute toward their support. (NOTE: For minor children, list only their initials and ages. DO NOT INCLUDE THEIR NAMES.).

NON - APPLICABLE

5. Do you own or are you buying a home? Yes ☐ No ☒

Estimated Market Value: \$ Amount of Mortgage: \$

6. Do you own an automobile? Yes ☐ No ☒

Make Year Model

Is it financed? Yes ☐ No ☐ If so, Total due: \$

Monthly Payment: \$

7. Do you have a bank account? Yes ☒ No ☐ (Do not include account numbers.)

Name(s) and address(es) of bank: UNITED SAVINGS FEDERAL CREDIT UNION

2001 W. 10TH STREET • PITTSBURG, CA. 94565
ANTIOCH, CA. 94509

Present balance(s): \$ APPROX. \$5.00

Do you own any cash? Yes ☐ No ☒ Amount: \$

Do you have any other assets? (If "yes," provide a description of each asset and its estimated market value.) Yes ☐ No ☒

8. What are your monthly expenses?

Rent: \$ 0 Utilities: 0

Food: \$ 0 Clothing: 0

Charge Accounts:

Name of Account	Monthly Payment	Total Owed on This Acct.
<u>NON - APPLICABLE</u>	<u>\$</u>	<u>\$</u>
<u>" "</u>	<u>\$</u>	<u>\$</u>
<u>" "</u>	<u>\$</u>	<u>\$</u>

9. Do you have any other debts? (List current obligations, indicating amounts and to whom they are payable. Do not include account numbers.)

STATE OF CALIFORNIA RESTITUTION FOR MARIN COUNTY \$10,000.00

STATE OF CALIFORNIA RESTITUTION FUND FOR VICTIMS - 55% OF PRISON FUNDS AND/OR INCOME

10. Does the complaint which you are seeking to file raise claims that have been presented in other lawsuits? Yes ☐ No ☒

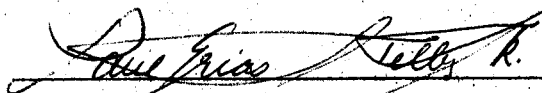
Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in which they were filed.

I consent to prison officials withdrawing from my trust account and paying to the court the initial partial filing fee and all installment payments required by the court.

I declare under the penalty of perjury that the foregoing is true and correct and understand that a false statement herein may result in the dismissal of my claims.

April 11, 2008

DATE



SIGNATURE OF APPLICANT

CALIFORNIA DEPARTMENT OF CORRECTIONS
SAN QUENTIN PRISON
INMATE TRUST ACCOUNTING SYSTEM
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: DEC. 31, 2007 THRU APR. 03, 2008

COUNT NUMBER : FB6444
COUNT NAME : STELLY, PAUL ERIAS SR.
PRIVILEGE GROUP: A
BED/CELL NUMBER: H 0400000000007L
ACCOUNT TYPE: I

TRUST ACCOUNT ACTIVITY

DATE	TRAN CODE	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BALANCE
12/31/2007		BEGINNING BALANCE					0.00
ACTIVITY FOR 2008							
1/25	DD31	CHECK DEPOSIT	2903/R&R		45.00		45.00
2/11	FR01	CANTEEN RETUR	3109/AGED			22.32-	67.32
2/11	FC02	DRAW-FAC 2	3115/H 2ND			50.00	17.32
3/04	W534	MEDICAL CHARG	3400EARBUD			1.75	15.57
3/04	W515	COPY CHARGE	3404/COPY			0.50	15.07
3/04	W515	COPY CHARGE	3404/COPY			0.20	14.87
3/04	W515	COPY CHARGE	3404/COPY			0.90	13.97
3/04	W515	COPY CHARGE	3404/COPY			0.50	13.47
3/04	W515	COPY CHARGE	3404/COPY			1.50	11.97
3/04	W515	COPY CHARGE	3404/COPY			0.40	11.57
3/04	W515	COPY CHARGE	3404/COPY			1.50	10.07
3/04	W515	COPY CHARGE	3404/COPY			0.30	9.77
3/04	W515	COPY CHARGE	3404/COPY			0.20	9.57
3/04	W515	COPY CHARGE	3404/COPY			0.70	8.87
3/17	FR01	CANTEEN RETUR	703594			1.55-	10.42
3/17	FC02	DRAW-FAC 2	3599/H 2ND			10.42	0.00

* RESTITUTION ACCOUNT ACTIVITY

DATE SENTENCED: 09/12/07
COUNTY CODE: MAR

CASE NUMBER: SC152924
FINE AMOUNT: \$ 1,000.00

DATE	TRANS.	DESCRIPTION	TRANS. AMT.	BALANCE
12/31/2007		BEGINNING BALANCE		997.64
1/25/08	DR31	REST DED-CHECK DEPOSIT	50.00-	947.64

↑
WHAT I
STILL
OWE
IN
RESTITUTION